

Rx News Bulletin

Bureau of Narcotics & Dangerous Drugs

Missouri Department of Health and Senior Services

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Policies to Protect Your Professional Practice

Since practitioners are responsible for all of the controlled substance activities that occur under the authority of their registration, it is the individual prescriber who sets the tone for how drug seeking patients are handled and under what conditions controlled substances may or may not be prescribed. Practitioners can make their practice unattractive to drug seekers by implementing the following measures and training their staff.

1. Do not prescribe for any person you have not personally examined or who is not being examined by another licensed practitioner you are not speaking to by telecommunication.
2. Verify that every patient has a patient chart and it contains all of the documented information required by law.
3. Do not carry prescription pads off duty where you may be tempted to hand out prescriptions. Ask patients to make an appointment.
4. Develop a system where all of your after-hours prescriptions that you authorize by phone are added to patient's charts the next business day.
5. Never authorize a refill or a new prescription without first checking the patient chart to verify that a new prescription would be timely;
6. Review to ensure that patients are taking their medications as directed and not too much too soon.
7. Every patient receiving controlled substance should sign and enter into a medication contract with prescriber. This is an agreement whereby the patient is terminated if they mislead the clinic staff, obtain other drugs without notifying you, fail a drug screen, or fail to take their medication as directed.
8. Do not hesitate to terminate your relationship with patients who lie to you, mislead you or fail to abide by the terms of the medication contract.
9. When writing a prescription, write the quantity in longhand as well as an Arabic numeral so that the quantity number cannot be altered.
10. Patients receiving controlled substances should be subject to drug testing to not only check for illegal substances, but also ensure they are taking the medications you prescribe.
11. Place a sign in your waiting area making it clear that instances of prescription fraud are reported to law enforcement.
12. Routinely contact other medical providers to confirm a patient's information.
13. Establish and maintain excellent communications between your practice and pharmacies.
14. Titrate doses as needed and do not habitually prescribe for the maximum amount of drugs, authorizing maximum refills.
15. Secure prescription pads and do not leave them out in unattended areas.
16. Review the education materials at the BNDD website such as "Preventing Prescription Fraud."

The Bureau of Narcotics and Dangerous Drugs is in the process of promulgating rule amendments to be in sync with the federal DEA rules. The bureau is working to amend existing rules to update the list of controlled substances, allow for more electronic prescribing, and address the destruction of unwanted controlled substances.

Tips to Identify Unlawful Drug Seekers

State and federal regulations require all registrants to provide effective controls to guard against the diversion of controlled substances. This requires prescribers to provide a system of checks before authorizing controlled substances. After interviewing and screening patients, the practitioners must make a decision based upon the totality of the circumstances. We encourage prescribers to err on the side of ensuring they are obeying controlled substance laws and protecting their own practice. Common behaviors and tactics used by drug seekers include:

- Calls at the end of the day and wants controlled substances at the last minute;
- Wants to call or come in after regular business hours;
- Claims to be traveling through the area and is not a local resident or regular patient;
- Feigning problems and symptoms such as abdominal or back pain, kidney stones or migraines to obtain narcotics;
- Feigns psychological problems such as insomnia, anxiety, fatigue, depression, or stress to obtain stimulants or depressants;
- Comes with a prepared list of drugs they want you to prescribe. They have excuses for drugs they don't want and why they won't work;
- Claims to already be a patient of another practitioner and that primary practitioner is not available;
- Does not want to give the names of previous practitioners who have seen them or give details about prior treatments or medications they have received;
- Claims that a prescription has been lost, stolen, eaten by pet, dropped in toilet, etc;
- Gets refills early and does not take medication as directed by the prescriber;
- Has obtained drugs from other medical providers and not told you about it;
- Attempts to apply pressure to the prescriber by eliciting sympathy, guilt or threats;
- They will utilize a child or elderly person to claim to be assisting them when they are trying to obtain controlled substances;
- They drive extraordinary distances to obtain a prescription for controlled substances. They also travel great distances to get prescriptions filled;
- They routinely attempt to build up the prescriber's ego by claiming, "You are great! I am so thankful! You are the only doctor who has helped me. No one else understands;"
- Although they will contact you to get prescriptions, they do not participate in your requests for tests, MRIs, x-rays, physical therapy or referrals to other practitioners;
- Once they have obtained controlled substances from you, you suddenly are contacted by their friends and family members to also get controlled substances. Multiple people in the same household getting the same prescriptions for the same drugs;
- They specifically request a brand name;
- They ask for pills in a suspicious manner. "I want the blue footballs";
- You get calls from pharmacists that the patient is receiving other medications or the patient has altered a prescription;
- You are contacted by law enforcement and asked about a patient's prescription information;
- Unusual behavior in the waiting room or examination rooms; and
- Reluctant to try any changes in drug therapy.



How Do Authorities Identify Questionable Prescribers?

The abuse of prescription drugs is at an all-time high. People are getting more prescriptions than ever and some are sharing them or selling them. We have learned that drug abusers share information with each other and the name of an “easy prescriber” or an “easy mark” will spread like wildfire. Each geographic area will have someone identified as an “easy prescriber” that tends to issue more controlled substance prescriptions than anyone else. These prescribers tend to stand out statistically from their peers who are practicing in the same area. Based upon previous cases, the following are identifiers of potential problems:

- ▶ The family members of some patients call the authorities to say the practitioner is “over-prescribing” to their family member. The practitioner ignores reports of drug abuse from a patient’s family members;
- ▶ A practitioner is prescribing opiates to a patient who is simultaneously enrolled in a drug addiction treatment program;
- ▶ Pharmacies call to report suspicious prescribing. Some pharmacies refuse to fill certain prescriptions issued by certain practitioners. A pharmacy refusing to fill prescriptions is a large indicator;
- ▶ Local law enforcement calls state regulatory agencies. The same prescriber’s name is on prescription bottles at meth labs and drug overdose scenes;
- ▶ Before the clinic opens, patients are lined up out the door and down the sidewalk;
- ▶ Patients drive extreme distances to get prescriptions from a practitioner;
- ▶ The practitioner is not a pain management specialist but almost all their prescriptions are for opiates. Although it may be a family medicine clinic, there is minimal prescribing for colds, flu, birth control, antibiotics, or other issues;
- ▶ When the prescriber wants to hire an assistant or colleague, other practitioners decline the job and do not want to get involved with “that kind of practice;”
- ▶ Cash payments only; they do not accept checks, Medicaid, Medicare, or any insurance;
- ▶ A temporary relief practitioner or locum tenens will work at a practice for a few days and then report suspicious activities going on;
- ▶ Patients have overdosed in the waiting room;
- ▶ The waiting line is long, so there is a gathering/party in the clinic parking lot;
- ▶ Due to the type of patients and their condition, the clinic has “bouncers”;
- ▶ An incredible number of patients are seen in just a few hours which averages out to only a few minutes per patient; and
- ▶ Patient charting is lacking. Practitioners ask almost no questions. Drug seekers flock to these practitioners because if the prescriber does not ask questions, the seekers don’t have to lie and commit fraud.

Prescription Drug Monitoring Program

Missouri is the only state that does not have enabling legislation to enact a prescription drug monitoring program. Multiple bill proposals have been filed this legislative session. The Bureau of Narcotics and Dangerous Drugs has met with groups who are interested in pursuing a monitoring program. The administration will have an opportunity to review the bills and draft fiscal notes and make comment. During the past several years, the issues that have been raised in the legislature have been the right to privacy and how to continuously fund the monitoring program. If you are interested in supporting a prescription drug monitoring program in Missouri, you may contact your local representative, senator or your professional association.



National Association of State Controlled Substance Authorities

The National Association of State Controlled Substance Authorities (NASCSA) is an organization of the 50 state drug authorities such as the Bureau of Narcotics and Dangerous Drugs and also private members such as manufacturers and distributors in the pharmaceutical industry. Bureau Administrator, Michael Boeger, recently attended the NASCSA annual meeting and training conference where information was shared pertaining to the new DEA rules for hydrocodone, the new drug disposal rules, and preventing the abuse of prescription drugs. The meeting was attended by 118 people from 42 states.

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